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# MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, } NO. 117. PHILADELPHIA, JANUARY 15, 1859. { NEW SERIES,  
VOL. I. NO. 16.

## Original Communications.

### On Tuberculosis and its Treatment.

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Philadelphia.

Notwithstanding the rapid advancement of medical science, the pathology and treatment of tuberculosis still remains involved in doubt and uncertainty.

Some of this is doubtless a consequence of the extreme difficulty of acquiring a knowledge of the natural history of the disease; yet it is probable that much of it is dependent upon the apathy resulting from the impression, so prevalent, of its incurability, though undoubtedly more or less of it is necessarily connected with the obscure and intractable nature of the affection itself.

It is therefore obviously the duty of those more immediately interested, to discard all preconceived notions or *a priori* conclusions, and to adhere more closely to the *a posteriori* plan of investigation. Investigation *de novo*, on the principle of observation and induction, will, without doubt, afford more correct and comprehensive views on the subject; and, as a necessary consequence, better enable our profession to fulfil those obligations resting upon it.

Positive knowledge on the subject, can only be most certainly acquired by a diligent and systematic examination of everything connected with the origin, progress, and termination of this destructive affection; and the nature of the *juvantia* and *laudentia* in its course and treatment.

In the effort to thus augment our knowledge,

I herewith submit the results of my own individual experience, observation, and reflection, believing them to be somewhat peculiar and in accordance with truth.

It is not, however, my present intention to treat this subject of tuberculosis, *in extenso*, but merely to invite attention to some of the more important points connected with its pathology and treatment, with a special reference to that variety commonly called phthisis.

For a better comprehension of the ideas advanced, it may not be amiss to state in the outset, that I regard tuberculosis as a depraved condition, *sui generis*, of the general system, accompanied with the development of an adventitious substance termed tubercle. This latter in conjunction with the constitutional dyscrasia, causes other derangements, and these still others, until the vital processes are so much deranged, and the organism so much impaired, that the continuance of life action becomes impossible and death ensues.

Tuberculosis has been, and is still, confounded with another dyscrasia known as scrofulosis, yet I cannot but regard them as totally distinct, though allied to, and often complicated with each other. Each one of these diseases has its special peculiarities. The following will exhibit some of the most essential points of difference between them. Thus, tuberculosis is marked by general adynamia, abortive nutrition, and the development of tuberculous matter. Scrofulosis, on the other hand, is not necessarily, nor so immediately connected with general adynamia, but always with depraved nutrition, imperfect organization, and defective, feeble, or flaccid structure; tubercle being non-essential to, and a complication of the scrofulous diathesis.

In the former then, there is a complete failure of nutrition and organization, with the production of an adventitious material incapable of undergoing vital transformation and organization. In the latter there is positive activity of the nutritive processes with organic development, though of a low grade, and more or less depraved character, having specific features and well marked tendencies, separate and distinct from the other.

These morbid states are, however, so intimately associated, and so frequently complicated with each other, as to give origin to, and continue the belief in their identity.

These and other characteristic peculiarities of tuberculosis and scrofulosis, and more especially those connected with the age, temperament, habits, or etiology, diathesis, type, tendency, eruption and localization of the disease, treatment, etc., might be noted more in detail, but as they would occupy more time and space than can now be given them, as well as interfere with the special design of this paper, they will be passed over for the present.

Tuberculosis is characterized by general asthenia and mal-assimilation with the evolution of a special material called tubercle. This is the immediate result of abortive nutrition from a failure of normal cell action. This itself is often conjoined with, or the result of a defective protoplasm or deficient vital energy, either one or all of which may be consequent upon a feeble or depraved organization from hereditary or other influences. Thus, tuberculous development is dependent upon a failure of general and local histogenetic power and cell action, conjoined with imperfect or depraved blastema and a special dyscrasia. It is probable, however, that to a limited extent, the tuberculous matter is the more exclusive result of a local disease from the incapacity of the cells or tissues of the part in which tubercle is found to assimilate the blastema supplied to them, or the blastema may be so depraved as to be incapable of healthy metamorphosis, or, as is most general, both the blastema and histogenetic power may be at fault.

The correctness of this view of the occasional local origin of tuberculous matter, which

is usually dependent upon a general dyscrasia, is rendered more probable by the peculiar character and rapidity of the tuberculous degeneration which sometimes takes place during the progress of phthisis, as well as by the frequently isolated and limited development of tubercle in scrofulous glands and other parts, while it is still more strongly supported by the tubercularization of the plastic exudates. It is moreover sustained by analogy, as "the same blastema, pus, cancer-blastema, for instance, may in one case, imply general, in another, local disease."\* It is, however, more positively confirmed by the fact, that "minute portions of blastema of tubercle may be seen occasionally in the closest contact with, nay, in the centre of vigorous textures, in robust individuals."†

These facts in favor of the occasional local origin of tubercle do not, however, impair the general doctrine of tuberculosis any more than the casual local origin of cancer or other adventitious matter, disproves the non-existence of a general dyscrasia.

This adventitious or tuberculous matter is most frequently and abundantly developed in the lungs, and most generally in the superior part of those organs, and, what is still more singular, in one side more frequently than in the other.

The reasons for this strong pulmonary tendency are not so apparent, though it is probable that it depends upon some simple physiological and pathological law. It appears to me that the explanation must be founded upon the structure and function of the affected organs, as well as the origin and nature of tubercle.

Those organs in which tubercle is most frequently found, are endowed with a peculiar and complex structure, and execute functions of a varied and compound character. In the lungs, for instance, the spongy parenchyma is composed of numerous cells and capillary vessels, aerating and circulating an immense amount of blood, greatly disproportioned to the quantity required for the nutrition of

\*Rokitansky.

†Ibid.

those organs. Now the greater the complexity, the greater, *cæteris paribus*, the tendency to derangement; and this is corroborated by the frequency and destructive character of the disorders of the pulmonary and other complex organs. Hence, in consequence of the peculiar structure and functions of these organs, and the complex nature of the nutritive fluid passing to, and through them, and the relations which they and it bear to the other organs and the general system, derangement is very apt to take place. These disturbances are more or less directly connected with innervation, the integrity, arterialization, and circulation of the blood, nutrition, and depuration, and are often attended with local hyperæmia, inflammation, exudation, etc., causing modification of the organic structure, and too frequently the development of adventitious matter. Thus impaired nutrition, local congestion, exudation, and tuberculization, stand in intimate relation with each other, and more especially when the nervous system is depressed, the blood depraved, and the tuberculous dyscrasia predominant. It is highly probable, therefore, that either one or more of the elements of excessive, defective, or depraved plasma, disturbed capillary circulation, too frequent and abundant exudation, and deficient cell or histogenetic action, is often more immediately concerned in the development of tubercles, though of course, in most instances, the influence of the general dyscrasia must be superadded.

The progress of the tuberculous affection is marked by certain phenomena, indicative of the destructive changes going on in the economy. These, for practical purposes, have been arranged in groups or stages. Those usually made, however, appear to be somewhat arbitrary, indefinite, and artificial. The following seems more definite and natural. Thus, tuberculosis has three well defined and distinctive stages, viz: *first*, that preceding the development of tubercles, in which the systemic energies and general nutritive processes are impaired, usually indicated by general adynamia and atrophy; *second*, that in which the tubercles are developed; and, *third*, that in which they undergo metamorphosis.

These pathological processes and their concomitants will be noticed more particularly, in considering the treatment.

#### Suspected Poisoning—Premature Labor—Metritis—Death and Autopsy.

By S. R. FORMAN, M. D.,

of Hoboken, N. J.

F. F., aged 30, married, native of Ireland, admitted into Bellevue Hospital, New York, Thursday, June 10th.

She says she has always been healthy, but for the past two years rather intemperate. Is the mother of eight children, and is now a little over eight months gone with the ninth

On Saturday, five days before admission, she was drinking at the house of an acquaintance, but did not take enough to intoxicate her; just before her departure, her friend went out, and brought her in a glass of beer, which she drank. Immediately after, she felt a burning sensation in the fauces, and before she reached the corner of the street, she was seized with vomiting, which continued, violent and almost incessant, up to the time of her entrance. This was attended with a burning pain in the fauces, oesophagus and stomach, and much thirst; the matter vomited was blackish, yellow, and green by turns.

On admission her countenance was anxious; face flushed; respiration hurried, and sighing; pulse 120, and very feeble; tongue moist, and coated down the middle; tenderness over the stomach; pain and thirst, persistent; vomited matter, greenish. Morphia and hydrocyanic acid, with bicarbonate of soda and colombo, were given internally, and a blister, dressed with the acetate of morphia, applied over the stomach; but they were followed with very slight, if any amelioration of the symptoms.

*Saturday.*—Same symptoms presented, but more prostration manifested; hands and feet cold; pulse scarcely perceptible. A hot air bath, and injections of beef tea and brandy were given. At 4, P. M. labor pains began, and notwithstanding she was very feeble, and

was vomiting every fifteen minutes, she had a regular natural labor, the first stage lasting till 11, P. M., when the membranes were ruptured, and a still-born child expelled, its cuticle being abraded in one or two places. Stimulants of ordinary kind were rejected; effervescent draughts of flaxseed tea, made with carbonate of ammonia and citric acid, were administered; these were retained, and proved very grateful and efficacious. As she was restless after delivery, one-third of a grain of morphia was given, when she became quiet, and slept most of the night, awaking occasionally, and vomiting.

*Sunday.*—Her general condition was somewhat improved; pulse became perceptible; face less anxious; vomiting almost ceased; took nearly a pint of milk, and two ounces of beef tea; lochia established; slept most of the day.

*Monday.*—Much better; skin warm, natural; pulse fuller, stronger, decreased in frequency; no vomiting; sleeping most of the time; some milk secreted; appetite good. At 10, P. M., had a chill; pulse ran up to 130; no pain or tenderness over uterus; lochia persistent; no tympanitis, no vomiting; about twenty hours after the chill a little tenderness over uterus. In spite of all stimulants she sank rapidly, and died at 11, A. M., on Tuesday.

During her stay in the hospital her bowels were not freely moved; she had no cramps, no pains, no shrinking of the skin of her hands. Her urine was examined, but contained no albumen. The vomited matter under the microscope showed no traces of blood, either pure, or as changed by the fluids of the stomach. The night before her death she was a little wandering in her mind; at no other time did her intellect appear affected. Her improvement on Sunday and Monday was so marked as to warrant a favorable prognosis, and up to the hour of the chill, she did well.

Autopsy twenty-six hours after death: weather not very warm, but damp.

No decomposition was manifested: body was well nourished. On making a section of the scalp, a small quantity of effused blood was

found, overlying the left parietal bone; on removing the cranium, the dura mater just beneath this spot was found congested. On the convex surface of both hemispheres were small patches of lymph; no serous effusion. *Thorax*—lungs healthy; heart fatty, with a rounded apex. *Abdomen*—no peritonitis, no injection of any part; liver fatty, not cirrhotic; kidneys—left larger than right; both appeared to have undergone some fatty degeneration; stomach large, and rugæ well marked; part of the greater cul de sac markedly congested, and slightly œdematosus; near the pylorus also much injected, as though sprinkled with blood; no ulcerations or erosions; duodenum highly injected, and stained deeply with bile; a small effusion of blood into the cellular tissue, about the head of the pancreas; uterus normal in size and external appearance. On making a section of it, the internal surface was found covered with a dark brownish red (shaded off gradually toward the neck into an ashy gray) pasty matter, which, after some exposure, became greenish; the neck of normal appearance. On section, pus was found in one of the Fallopian tubes; none in the other; ovaries slightly congested—a few serous cysts attached to each.

With the testimony as to the post mortem appearances, the case passed into the hands of the coroner, *who did not consider it necessary to have any chemical or other further examination held.*

The case is interesting, both in a medical and medico-legal point of view. It is one of the most speedily fatal cases of endo-metritis on record, death ensuing in twenty hours after the chill. Of course death was hastened, and perhaps caused by her prostration. If so, then the cause of that becomes the indirect cause of death. If it was the result of poison, as she alleges, the question arises, how far is the person who administered it legally responsible? It becomes of great importance, then, to establish the differential diagnosis between the symptoms of poisoning, and a condition which may be the result of albuminuria, or of simple pregnancy.

## Illustrations of Hospital Practice.

### PENNSYLVANIA HOSPITAL.

WEDNESDAY, JAN. 5.

Service of Dr. Wood.

Reported by Theodore A. Demme, M.D.

*Perforation of the Bowel in Enteric Fever.*—Since our last meeting we have had another case of death from perforation of the bowel.

On examining the intestines, the surfaces of the patches of Peyer's glands are found in various stages of ulceration. In some instances the muscular coat of the bowel is the floor of the ulcer; in others, in consequence of the destruction of that tissue, it is the peritoneal coat, and this last, as in the present case, may be perforated so as to form a communication between the cavity of the bowels and the cavity of the abdomen. The perforation is produced either by the progress of ulceration, by mortification of the uncovered peritoneal membrane, or by its rupture, from force applied within the bowel.

*Rheumatic Carditis.*—A case of acute rheumatism was presented to the class.

In this connection, gentlemen, I would particularly direct your attention to the frequent coincidence of carditis endo- and pericarditis, and acute articular rheumatism. This man presents to the eye the usual appearances of rheumatic inflammation of the joints; but he also complains of a slight uneasiness in the cardiac region. There was also some shortness of breath. Upon auscultation, a murmur was very perceptible over the mitral valves. These signs were indicative of thickening and roughness of the valves.

This is the work of rheumatism. Thus, like an assassin, it makes a deceptive attack upon some distant point to mislead our attention, whilst it seizes upon the heart. Remember that the symptoms attending inflammation of the lining and investing membranes of the heart are often latent, and therefore apt to be overlooked. If you are not on your guard, if you do not watch against the blow given in the dark, death, or a life of misery, may be the consequence to your patient, of your unwariness.

*Prognosis.*—The articular rheumatism is rapidly yielding. In regard to the cardiac complication we are not positive of the result; but, having seized upon it in its early stage, we may hope that the disease will be eradicated.

*Treatment.*—Over the heart a large blister, six by eight inches; at the same time, give pil. hydrarg. and pulv. ipecac. et opii.

The mercurial will not only act in this case as an anti-rheumatic alterative, but will also tend to cause absorption of any fibrinous deposit occurring upon the mitral valve.

*Enteric Fever.*—The symptoms—meteorism, (slight distension of the abdomen consequent upon gaseous

accumulation in the intestines); diarrhea; dull expression of the countenance; dark hue of the face; dryish and glazed tongue; delirious symptoms. The patient is laboring under the impression that he is dead—(a delirious symptom.)

Here is another case requiring a blister to the head. I have never in my life seen so many cases requiring a blister to the head grouping together.

I regard the cerebral symptoms of enteric fever, as the exhibition of functional derangement of the brain, and not the effect of inflammation of that organ. I do not, therefore, suppose the blisters act by curing any inflammation, but rather by revulsion, or some as yet unknown modus operandi.

*Intermittent Epilepsy.*—Occurring upon every seventh day.

*Treatment.*—Quinine sulphatis, gr. xvi—through the day.

Under this treatment he has been free from any attack during the last twenty-one days.

Service of Dr. Pease.

*Fracture of the Astragulus.*—During the last year the city of Philadelphia has almost entirely banished the old means of conveyance, (omnibuses,) and now may be called the railway city.

Most of the traveled thoroughfares are traversed by passenger cars capable of containing from thirty to fifty persons. Since the introduction of this means of locomotion a new class of accidents is presented—railway injuries; but, in consequence of the lightness of the cars, not of such a serious nature as those usually grouped under this head.

A man illustrating this class of injuries was presented to the class.

There is here a compound fracture of the astragalus, (the second one that we report.)

But in this case, the soft parts are very little injured; the arteries are all intact, and therefore we hope to save this limb. The boot that the man wore at the time of the accident was shown. The heel was surrounded by a heavy iron ring; and to this fact, no doubt, the man is indebted that the soft parts have to such a great extent escaped.

Another passenger railway injury was presented, involving fracture of the internal humeral condyle, with great injury to the soft parts.

*Treatment.*—The arm must for the present be kept at rest, and cold water applications made.

*Fracture of the Skull.*—This man was found upon a bridge, lying in a comatose condition. He lies here like an automaton. The mind and soul seem to have resigned their sceptre, whilst the physical organism still lives in obedience to the vital force.

Upon examination a most extensive fracture of the skull, involving a large portion of the parietal and temporal bones, was found, portions of the fractured bones were forced in.

He was immediately trephined upon admission into the hospital, several large fragments of bone removed, as well as a clot of blood lying between the dura mater and bone.

*Prognosis.*—Very serious.

How was this injury inflicted? This is often a most serious question to decide. This man, it was

stated, had fallen, but no fall could have made this kind of wound.

I think that he received a violent blow from some weapon not presenting a large surface at the place of contact. My reason for this belief is the smallness of the external wound, with the very great extent of the fracture.

*Inturning of the Nail.*—A case was presented. Do not immediately have resort to the operation of evulsion. I believe that most cases may be completely cured by the following simple mode of treatment:

Several small strips of lint are moistened with a solution of sulphate of copper, grs. 3 to f $\frac{3}{4}$ j. of water. The lint is then to be gently but firmly inserted between the edge of the nail and the toe, in such manner as even to elevate the nail a little from its matrix.

The edge of the nail rests upon the lint, whilst the sulphate of copper acts on the ulcerated surface that invariably exists around the nail.

*Extensive Chancre.*—A man was presented to the class having upon the upper and inner portions of the thigh, extending from the groin downwards, an extensive suppurating ulcer. About fifteen months ago the man contracted syphilis; a chancre and bubo were allowed for some time to go on without proper treatment. The bubo never healed properly, but the matter, burrowing in various directions, caused this extensive sore.

He was several times placed under treatment for secondary syphilis.

When I saw the man I at once concluded that he was still laboring under primary syphilis, that this extensive ulcer was nothing more than a huge non-indurated chancre. To test the point, he was inoculated upon the sound limb with some of the pus taken from the suspected sore. An ulcer formed, presenting all the characteristics of a chancre.

There is no doubt that the matter from the bubo has produced the specific sore.

*Treatment.*—The man was etherized, and the ulcer thoroughly cauterised by the nitrate of silver.

SATURDAY, JAN. 8.

Service of Dr. Wood.

*Typhus Fever.*—There has been a case of death in the Hospital, from typhus fever.

The brain and intestines are shown to you. The substance of the brain is darker than in health, as if from venous congestion. In regard to the intestines, notice, that there is no ulceration of the glands of Peyer.

It is most important to make a proper diagnosis between typhus and typhoid fever. There may be cases where this is impossible, so closely do the two affections approach each other in some cases.

Typhus fever less frequently commences insensibly than the enteric. Instead of diarrhoea we often have constipation, and the faecal discharges are darker and more offensive. There is in typhus fever more stupor, a darker color of the face, more turbidness of the conjunctiva, and much greater

debility. The eruption is the great point to decide. In typhus the eruption appears early in the disease, upon the third or fourth day; in enteric fever in the second week. In the former affection it is darker, of a more livid hue, does not so readily disappear on pressure; does not appear in successive crops, is far more extensive, and occurs upon the extremities, as well as upon the abdomen.

Pay particular attention to the date of the eruption.

*Typhoid Fever.*—This patient we suppose is laboring under typhoid fever, but there are some anomalous symptoms; the eruption is wanting, and he is more costive than is usually the case, f $\frac{3}{4}$ ss. of castor oil being necessary to move his bowels.

*Intermittent Cephalgia.*—*A Very Interesting Case.*—This man had an attack of intermittent fever. This was followed by vomiting occurring at regular intervals, and this was followed by intermittent headache.

Prognosis and treatment are equally certain when we have quinia at hand.

We have at present an interesting case of intermittent disease under our care, in a boy who every night, at the same hour, hears a roaring noise in one ear, and then suddenly thinks there is some one speaking close to him, and immediately trembles violently over half his body. Quinia has broken the spell.

#### PHILADELPHIA HOSPITAL, (BLOCKLEY.)

Service of Dr. D. Hayes Agnew.

*Chancre on the Glans Penis.*—This case is a very good example of a specific ulcer. It is the result of contact with syphilitic virus, and is called a primary sore. As such, it is purely local. It is but a few days old, non-indurated, and the indication is to destroy its specificity and convert it into a simple sore. To accomplish this, we have nothing more to do than touch it lightly with caustic potassa, applying immediately after some olive oil to prevent the extension of the caustic. The subsequent dressing may be warm water until the dead part is separated, and then anodyne, the aromatic wine.

*Phymosis.*—This case is congenital: such a condition may be acquired by gonorrhœal or syphilitic inflammation. There are several modes of operating. The Doctor performed in this case the old operation of circumcision. The prepuce was drawn forward and amputated, the mucous membrane which was much thickened slit up and pared off almost on a line with the corona glandis, and then stitched with several interrupted sutures to the retracted skin. Water dressings to be applied. Dr. Agnew remarked by way of caution that an operation should not be done, if a chancre was present, as the cut surface would become inoculated.

*Elephantiasis of the Leg and Foot in a Colored Man.*—Systematic writers recognize two varieties of this disease. The elephantiasis of the Greeks, and that of the Arabians. The former affects more especially the face, and is attended with considerable

alteration of color as well as expression. The latter affects the leg or foot, or both. The present case from its great size and deep folds of the skin, looks very much like the leg of the elephant. The disease is generally accompanied by structural alterations of internal viscera, such as fatty degeneration or cirrhosis. The disease commences probably as an inflammation of the lymphatics of the part extending to the subcutaneous textures, plasma is effused, followed by hypertrophy of the fibrous constituent of the limb as well as an extensive new formation of fibrous tissue. The disease is most likely constitutional. For its relief little can be done, antiphlogistics at first would seem to be indicated; subsequently, sorbafacients and compression. Ligature of the femoral artery is recommended by some, but the evidence of its propriety is not as yet sufficiently authoritative. The operation had been performed in the present case, and with no benefit whatever, indeed it would seem unphilosophical, to attempt to combat a constitutional vice by a procedure purely local, and the influence of which could be felt no longer than until a free collateral circulation is established.

*Sycosis of the Face.*—This case was one very characteristic. Over the face, especially that portion abounding with hair, are seen numerous small conical pustules with a red base, having a hair in the centre of each. At certain places, the pustules have broken, and dark brown crusts exist in their place. The disease is usually preceded by heat and redness, which may continue for some time before the pustules form. The pathology of this affection consists in an inflammation of the hair follicle, excited by a parasitic growth of cryptogamic vegetation, which is found to surround the sheathed portion of the hair. These fungi are very simple in their structure, consisting of an aggregation of cells strung to each other, similar to a row of beads. The treatment necessary is first to lay aside the razor, and clip the beard closely, cleansing the parts thoroughly with an alkaline wash. After which we may employ with a prospect of success, an ointment made of tar, sulphur, and red oxide of mercury. The result of this treatment will be exhibited to you at a future clinic.

*Wound of Scalp.*—A man, somewhat advanced in life, presented an ulcerated opening in the scalp. It was filled up with a large mass of dead cellular tissue for some distance around; the scalp appeared to have fallen in; the edges were pale red and puffy; the patient complained of pain in his head; inability to sleep; diminution of appetite, and had quite a feeble pulse. The original injury, due to a fall, was only a slight cut, not extending through the thickness of the scalp. No class of cases require more attention, or should be more carefully watched by the surgeon than such as involve the cranial region. The structures are very dense, abundantly supplied with blood vessels and nerves, which, taken in connection with their proximity to the brain, make the simplest accident not unattended with grave considerations. Where the parts are so extensively undermined, as in this case, we may expect separation of the periosteum, which proved on examination to be the case. The treat-

ment indicated is two-fold—local and constitutional. The former to consist in giving free exit to the pus, and favor by warm water dressing the separation of the slough; the latter, the best diet of the house, also sulphate of quinia, grs. ij. every three hours, with muriated tincture of iron, ten drops three times daily. Stimulants in moderation, and full doses of morphia to procure rest. Dr. Agnew remarked in connection with this case, that a very limited separation of the periosteum did not necessarily involve the death of a corresponding portion of the table beneath. That sometimes the dura mater which constitutes the periosteal layer within, became detached by pus formed beneath: opposite the disease on the outside, and that as a consequence symptoms of compression set in; also, as to the impropriety, generally speaking, of introducing sutures in the scalp.

*Fracture of Acromial End of Clavicle.*—A middle aged man had received an injury by a fall upon his shoulder. There could certainly be no fracture in the shaft of the bone, otherwise the shoulder should be downward, inward and forward. There is some flatness of the deltoid muscle, and a small space admitting the finger partially under the acromion, which, taken with the little power over the movements of the arm, would suggest displacement of the humerus. The flatness, however, can be explained from contusion, partially paralyzing the muscle, and the small space under the acromial process produced by the same cause, acting on the supra-spinatus muscle, which keeps the head of the humerus up in contact with the glenoid cavity of the scapula. By acting on the acromial end of the clavicle there is distinct crepitus. The reason why the shoulder has not sunk down is in consequence of the support furnished by the trapezius muscle. So near is this to the scapula that we may not certainly expect osseous union. The reparative efforts not advancing beyond the development of a bond of fibrous tissue. The indications can all be fulfilled by the third roller of Desault for fractured clavicle, which was accordingly applied.

#### HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

WEDNESDAY, JAN. 5.

Service of Dr. Dunglison.

Dr. Dunglison, at the commencement of his term of service as clinical lecturer, made some general observations upon the excellent opportunities afforded for the diagnosis of chronic diseases, such as present themselves at the office of the practitioner, and which are generally more difficult of appreciation than the acute. He entered into an exposition of the mode of prescribing, and gave examples of the manner in which prescriptions should be correctly written. Simplicity in prescribing was recommended—the complexity of a prescription generally indicating confusion in the mind of the practitioner. No article should enter into a prescription without a sufficient reason. A prescription for cathartic pills, consisting of aloes as the *basis*, mild chloride of mercury as an *adjunct*, oil of peppermint as a *corrugent*, and any confection as a *constituent*, was given on the black-board.

*Diabetes.*—The case of diabetes reported in the previous number was again presented, but any extended remarks upon it are reserved until the patient brings with him a vial of his urine, to be tested.

*Chronic Pleurisy.*—Jeremiah H., aged 29, was before the class at a previous clinic, suffering from an affection of the chest. The number of respirations is thirty-six, about twice as many as in health, and the pulse is a hundred, showing the existence of central irritation. The modes of diagnosis employed in diseases of the thoracic viscera were then explained. It is important, first, to see whether the two sides of the chest rise equally. The patient breathes costally, and no information can be derived from this source. The vocal fremitus, communicated to the ends of the fingers applied over the upper part of the lung, is much more distinctly felt upon the right side. It is more clearly distinguishable through consolidated lung, and, in health, the fremitus upon the right side is more distinct than upon the left, so that it is not a reliable sign of disease. Dullness exists upon the right side. More or less of pleuritis has existed on that side, and the chest is flattened. Usually an effusion into the cavity of the pleura is the cause of this flattening, the lung becoming atrophied from pressure, and the fluid finally absorbed. The pleurisy may be of a chronic nature, and complicated with tuberculosis. Oleaginous nutritive substances are indicated in these cases, as oleum morrhuae, etc.; but oleum cetaceum, or ordinary sperm oil purified by animal charcoal, is less expensive, and equally valuable as a dietetic agent, and is, therefore used in this clinic.

*Dyspepsia.*—Mary L., aged 39, complains of pain at the pit of the stomach, especially after eating, accompanied with vomiting, and continuing since last May. The case is one of dyspepsia, accompanied with gastralgia; but the latter term is only expressive of a symptom, not of a disease. The diet must be carefully regulated, and articles which have been found to disagree, such as pastry, coffee, etc., must be abstained from. She complains, also, of sour stomach, a condition which is frequently benefited by the tonic influence of charcoal, combined with some alkaline earth, as magnesia.

R Carbon. lign. gr. xv.  
Magnesia carbonat. gr. x.  
Zingib. pulv. gr. v. M.

Two doses to be taken in the day. Friction over the epigastric region, with a coarse towel, must also be employed. The combination above given is intended to increase the tone of the stomach and neutralise acidity.

SATURDAY, JAN. 8.

*Trichosis.*—Charles S. offers an illustration of a form of cutaneous disease frequently met with, and known under the name of scaled head, tinea capitis, etc. Chronic cutaneous diseases constitute a class of affections, which are often puzzling to the student, and cannot be studied successfully except under some arrangement which simplifies their

various characteristics. The present case was brought before the class at the last lecture, and it was at that time diagnosed to be an example of disease of the hair follicles, trichosis or trichonosis. Unguentum picis had been applied previous to his seeking advice at the college. The hair was directed to be totally removed, and the stimulant effect of a wash of pearlash, a teaspoonful being added, to a quart of water, and applied seven or eight times in the day. An oil-silk cap must be worn, to keep the part soft and prevent irritation of the atmosphere. On returning to-day, an opportunity was afforded of describing the best mode of classifying cutaneous diseases. The division, according to the primary and anatomical characteristics, is to be preferred. The following table has been found of eminent service in teaching simplicity in the division of these subjects:

#### *Classification of Cutaneous Diseases.*

1. Exanthematosus.....	{ Urticaria. Roseola. Erythema. Pemphigus. Rupia. Herpes. Scabies. [?] Eczema.
2. Vesicular.....	{ Impetigo. Ecthyma. Lichen.
3. Pustular.....	{ Strophulus. Prurigo.
4. Papular.....	{ Lepra. Psoriasis. Pityriasis.
5. Squamous.....	{ Acne. Sycosis. Ichthyosis. Trichosis. Favus.
6. Folliculous.....	

The various subdivisions under each head were then described, and their diagnosis and mode of management detailed cursorily to the class. Local treatment will often effect a cure when uncombined with constitutional medication, but a union of the two is very frequently necessary. Examples of the various forms of affections of the skin will be presented to the class, and reference to the table above given be constantly made.

The eruption in the case of trichosis now again brought forward, is more marked, owing, perhaps, to the use of too strong an alkaline solution, and the affected surface oozes. To examine these diseases more satisfactorily, a glass magnifying two or three diameters, such as was exhibited, will be found useful in ordinary cases. The Stanhope and Coddington lenses, which are said to magnify thirty and twenty diameters respectively, may sometimes be required. These were shown to the class.

The use of the alkaline solution must be discontinued, and castile soap and water be applied two or three times a day. Soft soaps, made of turpentine and oil, would be too irritating, while the action of the hard or soda soap is much more gentle. In some cases, however, the irritation produced by the soft soaps is found of decided benefit. No dis-

case of the kind exists in the family, although his father thinks the boy caught it from one of his schoolmates, who was affected in this way. There is little doubt that such cases are communicable, as is exhibited by their spread in families. They have been supposed to be produced by a vegetable fungus—the porriophyte—existing in the hair follicles or at their base, and thus communicated. Inoculation has been practiced, and results led some experimenters to infer that the disease might be propagated in this way, but in other cases it failed. It is extremely difficult to decide whether certain chain-like appearances of cells or beads, in the position already mentioned, belong to the animal or vegetable kingdom, so low in the scale do they appear to be. We cannot say whether they are really a fungus, or what relation they bear to the production or the communicability of the disease. Yet some dermatologists have made a class of cutaneous affections, depending upon the presence of these fungiform productions. The treatment must be directed towards a restoration of the morbid cells of nutrition to a healthy condition by warding off the irritating action of the atmosphere, and smearing the surface. The disease may require treatment for some time, as it has lasted for a year and a half. Whenever we have a chronic affection to relieve, the treatment must necessarily be chronic also.

*Delirium Tremens.*—Samuel B., colored, aged 24, has been a whisky-drinker for some time, and now, after recent debauches, suffers from hallucination, especially at night, but without much tremor. The pulse is weak, as it generally is in these cases. It is not necessary to treat delirium tremens by large doses of opium, such as has been the practice, especially in former times. Dr. Worthington Hooker, in a recent work, referred to Dr. D.'s experience in cases of delirium tremens under his management at the Philadelphia Almshouse, in which neither opium nor alcohol was given in large quantities, but by an appropriate eclectic treatment, general attention to diet, etc., the patients recovered. It is a disease which very rarely terminates fatally, if placed under a proper regimen. A great objection to the alcoholic treatment is, that the subject of the disease may think alcohol his only safety, and may come out of a hospital a more confirmed drunkard than when he entered it. There are but few cases which, if alcohol be totally excluded, will terminate fatally. But one case died of those recorded in the Almshouse as having been placed under a treatment which banished alcoholic liquors entirely, and he had been ill for some time before admission.

A blister must be applied at the nape of the neck, and he must take internally the spiritus ammonis fodiatis of the old Pharmacopœias, composed of spirits of ammonia with assafetida. As, according to his mother, who was with him, he cannot be controlled and properly managed at home, it is directed that he be sent to the Almshouse.

*Amenorrhœa.*—Catharine B. has suffered for four years from amenorrhœa. She is a married woman, but has had no children. Her stomach is greatly disordered, and she complains of constant headache. Sometimes, in chlorotic amenorrhœa especially, a depraved taste exists, as for slate pencils, chalk, &c.

Cases of disordered menstrual function are very frequently the result of disordered action elsewhere. She has lost flesh greatly, and has the appearance of one in very bad health. An interesting question arises—Is there any such article as a direct emmenagogue? There is not a single one in the whole list of the *materia medica*. Where amenorrhœa exists, it is the consequence of a morbid condition of the system generally, which must be attended to before we can hope to restore the healthy menstrual function. Cathartics act as emmenagogues, aloes for example, but no direct action is exerted upon the uterus. The irritation at the lower part of the intestinal canal is transmitted, by contiguous sympathy, to the uterus. Where the general tone of the system is impaired, tonics, as chalybeates, are indicated. The subcarbonate of iron is as good as any other ferruginous preparation, and has the advantage of cheapness.

#### R. Ferri subcarbon. ʒj.

as much as will lie on a dime, to be taken three times daily. Boiled milk and crackers, or stale bread, must be taken for breakfast and tea, and animal food for dinner. The succulent vegetable must be avoided. A mustard plaster must be applied over the stomach, or a coarse towel be used every morning to produce a rubefacient effect.

Service of Dr. Gross.

WEDNESDAY, JAN. 5.

*Four Cases of Paralysis—Three Varieties of the Disease.*—1. The case of hemiplegia reported in a previous number of the *REPORTER*, (page 196), was again brought before the class. It will be remembered that the actual cautery was applied over the dorsal and lumbar region. The surface of the ulcer is covered with granulations, and the discharge is abundant. The surface of the left arm and hand is cold, exhibiting a very languid state of the circulation. He does not feel much improved, although his condition is better than before the treatment was commenced. The following treatment must now be commenced:

#### R. Ferri sulphatis,

Extract. cinchone ää gr. ij.

" nucia vomicea,

Capsici pulv. ää gr. ss.

Cantharid. gr. 1-30th.

To be taken three times a day.

The warm douche, followed by dry friction, must next be employed, and, if necessary, a stimulating ointment be added to the issue.

2. Two interesting cases of paralysis in children, one of whom is four years of age, the other, two, were also exhibited. Both had a paralytic seizure nine months after birth—a singular coincidence. In the youngest, the foot is inverted, affording an illustration of talipes varus. No difference exists in the appearance of the two nates, but the muscles of the left leg are attenuated, and the extremities cold. In the other child, the foot is turned out from shortening of the peroneus muscle, constituting the affection known as talipes valgus. Both cases are examples of the paralysis of childhood, the history of which may be briefly stated. The child, while teething, is suddenly seized with fever, and wakes

up screaming and restless. The next morning, paralysis of one or both of the lower extremities is found to exist. Generally but one extremity is involved, the exciting cause being totally obscure, and the only prominent antecedent symptom being fever following pressure of a tooth upon the gum. It is extremely difficult to know the exact lesion which exists under such circumstances. It is probable, however, that the paralysis is dependent upon inflammation and effusion of the spinal cord or its meninges, followed by softening of the cord. But this lesion has not been satisfactorily exhibited by dissections, and therefore remains more a matter of conjecture than of established fact. The paralytic seizures of this age are exceedingly intractable, so that the child is rarely or never relieved. The prognosis being, therefore, so very unfavorable, should always be guarded, and no promises of restoration must be held out. These cases also illustrate what is generally known as wasting palsy. The actual cautery might have a beneficial effect, but we are disposed here to rely upon dry friction and the application of Granville's ammoniated lotion, diluted so as to be adapted to the sensibility of the surface. The children are otherwise healthy, showing the effect is merely local. Small doses of corrosive sublimate, gr. 1-40th, or hydrargyrum cum creta, or the mild chloride of mercury, gr. 1-12th, or blue mass, might be given tentatively to exert an absorbent influence, in case effusion might exist. The cold and warm douche rarely do much good in these cases.

3. A young man, about 25 years of age, a well-marked example of paralysis consequent upon a traumatic cause, the bough of a tree having struck him over the head and shoulder, producing paralysis instantaneously, and total unconsciousness for the time. The left arm lies withered by his side, atrophied from the shoulder down to the hand, and presenting a livid appearance and great coldness of the surface. The right arm is well developed, and perfectly healthy in every respect. The infra-spinatus and supra-spinatus muscles upon the left side are remarkably atrophied, and the pectoral muscle has nearly disappeared. He has not the power to bend the fingers of the left hand; if not moved, they will become permanently contracted, so as to resemble claws. When pressure is made along the spinous processes, no tenderness is found to exist, and the left arm, when pinched, exhibits no sensibility or mobility. His general health is good, so that in this case, also, the affection seems to be purely local. Upon what, then, does this condition of the limb depend? A very probable supposition is, that it has been caused by concussion of the nerves supplying the upper extremity. Inflammation may also exist, but this is merely a conjecture.

The interesting point is the treatment. If the loss of power depends upon local causes, it would scarcely be expedient to apply counter-irritation over the spinal column. If such mode of relief should be adopted, the powerful effect of the actual cautery is the only agent that could be employed, the revulsive effect of blisters, etc., being of little or no importance. The electrical current has already been used, but with no advantage. It sometimes has a beneficial influence in cases of wasting palsy, such as the one now presented to the class, but it

scarcely deserves the high encomiums it has received as a substitute for the nervous influence. Our remedies must be applied to the superior extremity. The hot douche, followed by friction with a dry towel, and the employment of the ammoniated liniment, and the gradual exercise of the limb, are the means recommended in this case. The cold douche has been found of more value in the spontaneous form of paralysis than in that now treated of. The whole arm is so much atrophied, that it will be almost impossible to expect much success from our measures. The limb must be supported, as it is in the patient's way, and its weight causes much inconvenience and pain. It may become a question hereafter, whether amputation may not be necessary as a means of permanent relief.

[We are compelled to defer the remainder of this report till our next issue.—EDS.]

## Medical Societies.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

WEDNESDAY EVENING, DEC. 8, 1858.

Dr Bell, presiding.

(Continued from page 280.)

The subject for discussion being NEURALGIA—

*Dr. W. L. Atlee* knew more of the treatment than of the pathology, and would therefore, not venture upon the latter point. The gentlemen who had previously spoken, had referred to several points, which are of great interest. One was the section of the affected nerve. In his experience, it had been an entire failure. He had encountered one case, several years ago while in Lancaster. The man who was a mason by trade, had been troubled on one side of his face with neuralgia for three years, and although, all that time, he had been under treatment, yet there was nothing in the *materia medica*, with the exception of the precipitated carbonate of iron, in teaspoonful doses every two hours, that had been of the slightest service to him. This relieved him for about six weeks, after which the infra-orbital and supra-orbital nerves were severed, and that failing, another branch was divided in Philadelphia, by Dr. G. McClellan, who trephined the lower maxillary bone and cut off the nerve, without effect. He went home, and died from a cerebral disease, thus indicating that the source was deeper seated. Dr. A. himself, had severed the nerve several times, but without benefit. Dr. Bell had referred to uterine disease as a cause of neuralgia; this brought to his mind a case in Philadelphia, of a lady, who, after her confinement, was attacked with neuralgia in the face, of a very obstinate form. Her mouth was full of bad teeth, and after failing by the ordinary treatment, he commenced removing her teeth, till all were removed, without relief. With the neuralgia, there was associated a violent cough, and the patient, from being

a stout hearty woman, was emaciated to skin and bone. She had all the apparent symptoms of phthisis, though, on auscultation there was no evidence of any tubercular deposit. For one year, he attended steadily, without benefit, and asked to be discharged, to have some other physician called in his place, but without success. Finally, he demanded, as a last resource, an examination, in order to ascertain if there might not be some uterine trouble. This was reluctantly granted, she was sucking her infant, and presented not one symptom of uterine disease, no pains in the loins, no bearing down, no stranguary, no difficulty in defecation, had no leucorrhœa, and was menstruating regularly; yet, on a speculum examination, he found as much disease at the os tineæ, as he had ever seen, either before or since. It was granular ulceration, or as he preferred to call it, granular inflammation. He stopped all medicine, and submitted the os uteri to the ordinary treatment; and from that moment, the neuralgia became less, the cough diminished, her emaciation disappeared, and in five months, she had entirely recovered from everything, and was as fat and hearty as ever.

There were some other points which had been omitted in the preceding remarks. He did not think chronic rheumatism, tetanus, etc., should be viewed as neuralgia. Neuralgia, he considered as free from inflammatory action in the nerve. The neurilemma may be inflamed and cause pain, but this would not be neuralgia. There are neuralgias, which are associated with small tubercles existing in the body, which have been described by Dupuytren. These vary from the size of a shot to that of a small almond, and appear to be fibro-cartilaginous. Such cases may be treated in every way without curing, but if we trace along the surface, we will sometimes find a moveable knot under the skin, which being cut out, the neuralgia disappears. These tubercles are contained within cysts, which, being opened, the tumor comes out, and the cyst is allowed to remain. When thrown on the floor, they bounce like India rubber. Whether these have a nervous fibril connected with them, he could not say. Concerning the medicinal treatment, he might say, he had more confidence in some articles than other gentlemen had. He thought quinia one of the best remedies, and this not merely in the intermittent variety, but in all forms, where he could not get at the exact cause. In the use of this article, he preferred to employ it during the paroxysm, and in large doses.

R. Quiniae, gr. ij-iv.  
Capsici, gr. j-ij. M.

And make into a pill.

Give one every hour during the existence of the pain, and push it till it produces its characteristic impression upon the head. This almost invariably arrests the neuralgia, and cures for the time, as it would intermittent fever; it may recur, however, as we find that to do. His plan was to give quinia till the pain was arrested, or a peculiar sensation was strongly induced in the head, like the roar of a cataract, and then suspend the remedy, till this phenomenon has passed off, and if the pain does not pass off with it, commence again, till the pain is subdued. It will fail at times, as all remedies do.

He had been reminded of another remedy by the allusion made here to-night to the endermic application of medicine; that is, the inoculation, of medicine, which he had practiced for several years with good results. When quinia fails, he then inoculates the painful parts, passing into the cutis vera like vaccine virus, by means of an incision over the affected part, the following solution:

R. Morphia sulph., 3j.  
Creasot., f3j. M.

From this method, he had obtained very beneficial results. He did not do it only in one spot, but in several, along the course of the affected nerve. We may use either of the preparations of morphia, but he preferred the acetate. He was also much pleased with another remedy or combination of remedies, which he had recently introduced to the profession, that is, the ethereal tinctures of guaiacum, colchicum, and cannabis indica, associated together. Sometimes their effects seem almost magical. The ethereal preparations had been brought before the profession by a gentleman from the south, whose name he could not recall. The tinctures of guaiacum and colchicum were made according to the U. S. Pharmacopœia, substituting nitrous ether for alcohol; and the cannabis indica was made from Squire's extract, in the proportion of one drachm of the extract, to two ounces of nitrous ether. Of these, Dr. Atlee employed:

R. Tr. Guaiaci, f3j.  
" Cannabis Indicae, f3j.  
" Colchici, f3j. M.

Take 25 to 30 drops every 4, 5, or 6 hours.

In cases of neuralgia of the face and head, he ordered the dose taken on loaf sugar for two purposes; first, it would not mix with water, and secondly, it impressed the palate better, and thus acted on the second branch of the trigemini, and by reflex action, on the whole of the facial nerves. In conclusion, in reply to the remark made by the President I may say that neuralgia in females is a very common disease, as it is so often associated with uterine affections, and speedily gives way, when that is cured.

Dr. Coates asked if there was noticed any special pain, when cutting out the tubercles, to which Dr. Atlee replied that he had not noticed any.

Dr. Coates remarked if it was one of the sensitive corpuscles which form the termination of the nerves, it well might be the cause of trouble. He would also ask, what effect was produced by the incision for this inoculation.

Dr. Atlee had never seen the point form a pustule; the irritation subsided in a few hours, and it would heal without trouble.

Dr. Condie remarked that he did not say that tetanus was neuralgia, but that it might be called so, if nerve suffering was considered to be sufficient to constitute a disease. Most pathologists are against Dr. Atlee, as they tell us, there is no inflammation of the neurilemma to be detected in cases of sciatica and lumbago. He rose however, not to contend with Dr. A., but to mention a remedy which had just been recalled to his memory. This was acupuncturation. Soon after our attention was called to it by the European journals, Drs.

Huston, Brinckle, and himself had performed a large number of experiments with it, in cases of chronic rheumatism. It was observed that, on the introduction of the needle, all pain very speedily eased, in a large majority of the cases, and never returned, in such of the patients that they had kept under observation for some years. Dr. C. had since used, acupuncture with entire success in many cases, and never, without very decided benefit.

With regard to what has been denominated intermittent neuralgia, not only is the intermission complete, but in a large number of instances, returns of the paroxysms occur at the same hour, after almost equal intervals. Especially had he noticed this in the case of young children, affected with colic, not traceable to any known cause. He had a case of this kind, at present under treatment, in which, at 4 o'clock each day, there is a violent attack, which is speedily removed by a narcotic. The children however, do not seem to suffer in their general health, but flourish remarkably under it.

*Dr. Coates* said that it seemed to him that according to the common ideas, there was a highly inflammatory action produced by a blister, and yet we have absorption. The surface was hot, red, swelled, and painful, thus presenting all the phenomena of inflammation. Then, in instances of the poisoned bites of rattlesnakes, copper-heads, etc., there seemed to be an inflammatory action immediately produced. Taking Dr. Condie's views on this subject, he would have much difficulty to understand the effect tying a cord around a limb which had been bitten, and when we notice the swelling to cease above the ligature. This appeared to act by impeding the transmission of an irritating pain to the remainder of the body; and rendering it slow enough to be remedied by the action of the emunctories. This appeared to him a fatal objection. It had also been found, in experiments on cuticular absorption, that corrosive substances were introduced more readily than any others. Experimentalists instance corrosive sublimate and arsenic; which corrode the superficial cells, and are then absorbed. He thought creasote would be apt to cauterize, and thus produce a pustule, but he would not say even then, that absorption would not ensue.

*Dr. NEBINGER* had seen much of this disease, and had never met with any insurmountable difficulty in its treatment. He could not say that he looked upon it as a formidable malady; it was troublesome, yet manageable. He thought he had encountered two forms of nervous diseases, both of which are sometimes called neuralgia; he thought so from the fact that others had differed from him in their diagnosis of these cases. As for example, he had a case which a consulting physician pronounced neuralgia, but which he, Dr. N., thought was an inflammatory affection of the nerve, and therefore he could not regard it as neuralgia. Neuralgia he considered was a painful affection of the nerves, without irritation or inflammation. It does not appear difficult to determine whether the nervous affection we were called upon to treat, is inflammatory or not, provided in the examinations which we institute to arrive at a correct diagnosis, we regard the presence of heat, swelling and fever, as the essential and necessary phenomena indicative of inflammatory action. He never encountered a case of

neuralgia, however severe, in which he found fever. He did not know the peculiar nature of the condition of the nerves which constitute neuralgia, nor whether the disease is seated in the nerve substance or in the neurilemma, or in both—nor did he think it very important to know, provided we were able without that knowledge to control and successfully treat the disease, and this he felt assured we were able to do. At the present time, he had under his care a lady recovering from an attack of neuralgia of the bowels for the second time. About eighteen months ago, she had the first attack. She was with a violent pain in the bowels, with sickness of the stomach; on examination, he found tenderness on slight pressure, but when the pressure was made more powerfully, the pain was not aggravated; it was only slight pressure upon the abdomen which produced intense pain. Her pulse was free from excitement, her skin moist, tongue moist and only lightly coated. He would have taken her for a well woman, if he had been guided alone by the condition of her pulse, skin and tongue. He diagnosed neuralgia of the bowels, and so treated it. As the case progressed, she had great distention of the abdomen by flatus; also constipation. All symptoms indicative of inflammation being absent, he was positive of the absence of enteritis. He gave her his usual treatment for neuralgia, which was sustaining in its main characters, and medicated her with his favorite combination of medicines, which in neuralgia he has used with the most gratifying results. As it has been suggested by Dr. Atee that it is well to not only state the medicines used, but also the quantities administered, and as he thought that suggestion very proper, in keeping with it, he said that the medicine which he had found most satisfactory in the management of neuralgia is a combination of

R. Quinine sulph. gr. j.  
Ext. hyoscyami, gr. ij.  
Ext. belladonnae gr.  $\frac{1}{2}$ .  
Morphine sulph. gr. 1-12th to  $\frac{1}{6}$ th.

Made into a pill, and one given every two or three hours, according as the case may be severe or otherwise, and their administration continued until the peculiar effects of the hyoscyamus and belladonna were made manifest. Sometimes these pills produce symptoms which are alarming to the patient and their friends. A copious rash, scarlet in color is thrown out, a great sense of heat in the face is produced, the pupils become much dilated, a slight delirium springs up, and dryness of the throat and mouth is complained of. Dr. Nebinger had never seen these phenomena produced without a very decided improvement in the patient's condition, as far as the neuralgia was concerned. In the instance of enteralgia mentioned, as soon as these effects began to develop themselves, the neuralgia began to pass away as also did the tympanites and the torpidity of the bowels, and my patient was soon after convalescent. Reference has been made to sciatica. He had recently two cases of sciatica, and both were differently treated, because he regarded them as essentially different in their nature. One of the cases occurred in a gentleman who is rather a free-liver. His attack he regarded

as sciatic rheumatism, somewhat inflammatory in its character. This conclusion he arrived at because his patient's pulse was quick and full, his skin somewhat dry and hot. He was purged, cupped, and put under the influence of iodide of potassium and colchicum. Under this treatment and an antiphlogistic diet, he soon recovered. The other case of sciatica occurred in a lady, who was anaemic and very thin. In this case there was violent pain, unaccompanied with any arterial excitement. Her pulse, indeed, was small and quick—the pulse of debility; her skin was moist and cool. This he regarded as a case of sciatic neuralgia, and treated it accordingly, with the satisfaction of seeing the disease speedily and kindly give way under the influence of the combination of quinine sulphate, hyoscyamus, belladonna and morphine sulph., already spoken of.

It seemed to him, Dr. N. said, that two things were to be done in the treatment of neuralgic patients—one to cure the paroxysm, the other to remove what might be called the neuralgic predisposition. Therefore we shall feel that when we have eased an attack of this disease, that we were only half done, and should immediately set about removing that peculiar condition of bad health, whatever it may be, which makes the patient liable to be seized with this painful affection.

In regard to inflammation of the spinal marrow, it is one of the most painful of diseases. And there need be but slight difficulty in forming a diagnosis between it and neuralgia of that part; because in the former we have an immense deal of fever and the suffering is far above any neuralgia. They are extremely dissimilar. He would solicit the use of the combination to which he had referred, as he was satisfied the experience of the members would then coincide with his, and they would give relief to their patients in a much shorter period than may be thought possible to be accomplished by any remedy, in cases of such intensity of pain. He mentioned the case of a lady who he had seen yesterday, who had been afflicted with tic doloureux for 16 months. It commenced during her lying-in. She had been under constant treatment for the whole of that time. She would improve occasionally, but was never perfectly free from neuralgia. Finally she came under his care. He gave her the combination of medicines referred to, and she is now perfectly free from pain, and has been, ever since she became fairly under the influence of the medicines. He had employed the endermic method, and found considerable good effect. There were cases where it was not suitable or desirable to employ his treatment internally, and then he was compelled to use external medication. Of all the external applications he had employed, he never found any equal to the following:

R. Veratriæ, gr. x.-xx.  
Cerat. simpl. 3*ij*.

M.

The parts were rubbed with this frequently. It soon produced relief, giving rise to a prickling or tingling sensation in the parts to which it is applied.

Dr. Coates could not agree with Dr. Nebinger in distinguishing inflammation of the spinal marrow from neuralgia. In cases of the former he was disposed to anticipate palsy. Perhaps the bad effects

in such cases had arisen from not using the narcotic to a sufficient extent.

Dr. Gobrecht desired to know how far it was safe to go with these remedies mentioned, in a woman suckling, lest her child should be affected by them.

Dr. Condie replied to Dr. Gobrecht, that in giving heavy doses in pregnancy there was no fear of danger to the child. When women were suckling, he had sometimes given large doses of opium to them, but never with the least effect upon the child. He would be afraid to give the third of a grain of belladonna every two hours; its effects are so apt to arise unexpectedly, and cases of poisoning with it and hyoscyamus are so recently on record, as to cause fear. These may be the effects of idiosyncrasies.

Dr. Nebinger was fully aware that the doses he administers are large, and he thought his success was owing to the amount given. Perhaps the reason why others do not succeed so well, is, they do not get their patients under the influence of the remedy, being fearful of these medicines in large doses. Hence, the defect was not in the remedy, but the quantity given. To Dr. Gobrecht, he would say, that the case of the lady with neuralgia of the bowels was now in her nineteenth day after her confinement; her child had never been from the breast, and had shown no inconvenience of any kind from the medicines given to the mother.

Dr. Coates said belladonna had been given, one-fourth of a grain every four hours, in the experiments of the French. He would ask Dr. Condie if ergot would not kill the child, without injuring the mother.

Dr. Condie replied, that this resulted from the destruction of the placental attachment, and thus the child was cut off from its only mode of living.

Dr. Maybury remarked concerning the veratrine, he had a great deal of experience with it as a local application. In spinal irritation, with neuralgic pains, he had found great relief from the following ointment:—

R Veratriæ, gr. xx.  
Adipis,  
Cerat. simp.  $\frac{aa}{3}$ ,  $\frac{ss}{3}$ .

Applied by friction, from ten to fifteen minutes night and morning over the skin. In facial neuralgia especially, where the supra-orbital nerve is involved, he has found this ointment highly useful. He also used a combination of quinia, belladonna and morphia, and sometimes camphor; at other times without the quinia. His proportions were:—

R Ext. belladonnae, gr.  $\frac{1}{2}$ .  
Morphia sulph., gr.  $\frac{1}{2}$ — $\frac{1}{4}$ .  
Camphora,  
Quinia sulph.,  $\frac{aa}{3}$  gr. ss—j.

M. For a dose every 2—3—4 hours.

He has used, like Dr. Condie, the precipitated carbonate of iron, in large doses, more particularly in hemicrania, and in cases of an anaemic character.

Dr. Coates had unequivocally found, in many trials, that the modern brownish-red oxide of iron [sesquioxide] was of far less efficacy than the rubigo ferri, obtained by rusting iron. The latter is undoubtedly of uncertain and variable composition, but it contains a considerable portion

of the black oxide, and of the carbonate, both much more soluble in the fluids of the body, and, by consequence, so much more active as medicines. The brownish-red oxide appeared to him to be deprived, by the very fact of its more accurate chemical preparation, of nearly all its useful properties. Of the black oxide, or of the carbonate prepared with sugar and honey, he had found four to six, and sometimes two, grains an amply competent dose, and free, to all appearance, from any thing like danger.

[Dr. Coates begs to add in the present letter-press, that he has made large use, and with considerable success as a palliative, of acupuncturation in neuralgia. He also begs to object to the somewhat quackish use of the term "Vallet's pills," for the pills of the carbonate of iron, Ph. U. S., or as the name of a substitute for the pulv. ferri carbonatis cum saccharo of the Pharm. Lond., Edinb., Dublin, (Pareira,) and others.

## Reviews and Book Notices.

**A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN.** By D. FRANCIS CONDIE, M.D., Fellow of the College of Physicians; Member of the American Medical Association; Member of the American Philosophical Society, etc. Fifth edition. Revised and enlarged. Philadelphia: Blanchard & Lea. 1858.

Amidst the multitude of works that have lately issued from the medical press, we have noticed with much pleasure, and a cordial welcome, this new edition of an old favorite. In every way has it been much improved, while its size is fully one third larger than the former edition. The name of the author is sufficient guarantee to the medical world that its contents are of importance; but when we can add, as in this instance, a long array of authorities, to which he has referred in the preparation of the work, we fully anticipate a treatise of an eminently practical character. Nor are we, on examining the pages of this volume, at all liable to be disappointed. In every portion of it is evinced the utmost care and research, in order to make it one upon which the profession can rely for reference in the most diversified practice.

Particularly are we pleased with those chapters which treat of "the hygienic management of children; the pathology of infancy and childhood, and the semeiology of the diseases," etc.

In the treatment of the various diseases of children, Dr. C. has carefully noted every thing of importance that has appeared from time to time in the medical journals, both at home and abroad, and has given to each that prominence to which they were entitled, either by the authority from which they originated, or the soundness of the views inculcated.

One feature, to which we would call attention, is the idea of giving the doses and formulæ used by the author. It is often the case, that an article is lauded by a writer, as of value in certain morbid states, yet, the dose not being given, others employ it without success, and this merely from the fact of their not having given the remedy in the same dose, thus but partially following the recommendation of the writer.

We can confidently commend this volume to our brethren in the profession, as one from the pages of which they may derive much of value in their practice among those of tender years.

**A TREATISE ON THE VENERAL DISEASE.** By JOHN HUNTER, F. R. S. With copious additions by Dr. Phillip Ricord, Surgeon of the Hôpital du Midi, Paris, etc. Translated and edited by Freeman J. Bumstead, M. D., Lecturer on Venereal at the College of Physicians and Surgeons, N. Y., etc. Second edition revised, containing a Résumé of Ricord's recent Lectures on Chancroid. Pp. 552. Philadelphia: Blanchard & Lea, 1859.

We have not space for an extended notice of the above work, which has long been familiar to most of our readers. Dr. Hunter's researches on the venereal disease were so thorough and complete, that M. Ricord, the most eminent modern writer upon and observer of this disease, has deemed it best to perpetuate them by appending to them his own observations instead of giving them in a separate work. Besides Ricord's notes, we have also appended to this edition those of Sir Everard Home and Mr. G. G. Babbington, two English editors of Hunter's work, to all which Dr. Bumstead, of New York, adds his own observations, together with a résumé of some recent lectures of Ricord on Chancroid. These additions do not, however, complicate the text, as the remarks of the several editors are properly indicated.

The text is illustrated by eight well executed lithographic plates containing many figures. To those desirous of possessing a complete work on this important subject, we unhesitatingly recommend Bumstead's edition of Ricord and Hunter.

**VISITING LISTS**—A friend who does not reside in this city, took Dr. Elmer's "Physician's Hand Book of Practice," and Price's "Physician's Visiting List," promising to send us a critical notice of them, but has neglected to do so. We regret this very much, as a notice of these publications ought to have appeared some time ago.

Dr. Elmer's work was introduced to the profession last year, and was well received. The name strikes us as inopportune, as it conveys a wrong

idea as to its size. It is a pocket visiting list and manual of practice. We regard the latter portion as superfluous. The pages for memoranda are very well arranged.

The other visiting list named, is published by C. J. Price & Co., of this city, and is a very convenient manual for the purpose, simple yet sufficiently elaborate in its arrangement. Every alternate page is left blank for memoranda of cases—a good arrangement.

## Editorial.

### "MEDICINÆ DOCTOR."

This is a time-honored title, and has in its day been a very respectable one. And it still has strong claims to respectability, though we confess to a belief that, in our country at least, it is fast losing those claims, a result that the medical profession is, however, least responsible for. In our democratic country the legislatures of the various states, ever ready to grant "privileges" to "institutions of learning," are annually amusing themselves by granting the right to this, that and the other "pathy" to confer on men and women who ogle medical science through the medium of green glasses, the once honored title which stands at the head of this article. In our view, the time has come for a separation between the sheep and the goats. The time has come when the profession should take the matter of granting the final diploma to one who desires its honors into its own hands. We need something beyond the "M. D." which has so long represented the distinguishing cognomen of the disciple of *Æsculapius*. This title has come to be common-place, and in some sense undesirable, because the same legal power that confers it on us, gives it to others whose prejudiced training disqualifies them from honoring it. The plain "Mr. ——, M. R. C. S." of our transatlantic cousins, might find its prototype among us in "Mr. ——, M. A. M. A."

There is but one representative body in this country that can control admission to the honors of the doctorate, and that is, the Ameri-

can Medical Association. We believe that by judicious action, that body has it in its power to draw a dividing line between legitimate medicine and the various forms of quackery, that would tell at once in favor of the former.

With this end in view, we last January had the honor of presenting before the Medical Society of New Jersey the following resolutions, which were intended to be suggestive of some such plan as they propose. They were presented to the association at its annual meeting in Washington, last May, and will come up for discussion at the coming meeting in Louisville, next May. We again spread them before our readers, and trust that they will give them their serious attention, and that those of them who may go to Louisville as delegates, may be prepared to act favorably on them.

*Resolved*, That the Medical Society of New Jersey would respectfully recommend to the American Medical Association the adoption of some plan by which membership in that body can only be attained by conforming to certain rules and regulations laid down in the Constitution of the Association.

To this end, this society would respectfully recommend that the "Plan of Organization" of the Association be amended in some such manner as the following—subject to the deliberations of the Association.

Delegates to the American Medical Association shall be selected from those who shall conform to the requirements of the Association for membership in that body.

The title *Member of the American Medical Association*, ("M. A. M. A.") shall be conferred in the manner following, to wit:

The Association shall appoint a Board of Censors for each circuit of the United States Supreme Court, each board to consist of — physicians and surgeons in good standing in the Association, one of whom shall go out of office at each annual meeting of the Association, his place being filled by election, until the places of all the original members are so supplied, and thus continually. These censors shall reside in different sections of their respective districts, and a minority of the whole number of any Board of Censors may be composed of professors in medical colleges in the district. The members of the Board of Censors to receive — dollars compensation for every meeting they attend.

It shall be the duty of these boards of censors to meet — times a year in different sections of their respective districts, for the purpose of examining candidates for the title of Member of the American Medical Association, on whose certificate the President, or other authorized officer or officers of the Association, shall, after the candidate has subscribed to the code of ethics of the Association, and paid — dollars into its treasury, issue a diploma, setting forth the fact of membership.

The certificate of the medical and surgical examining boards of the U. S. Army or Navy shall entitle the holder to membership in the Association, on his subscribing to the code of ethics and paying the usual fee. Members may also be received within certain specified limits, on certificate from foreign medical and surgical societies, or examining boards.

The Association may confer honorary membership at any regular meeting, by a two-thirds vote.

*Resolved*, That in the opinion of the Medical Society of New Jersey, the cause of medical science in the United States would be advanced by the State societies resolving themselves into auxiliaries to the National Association, the district, county, and other societies being auxiliary to the State societies, and all controlled by the regulations of the National Association.

*Resolved*, That the delegates from this society be instructed to present the above preamble and resolutions at the next meeting of the Association at Washington City in May next.

#### MEDICAL SOCIETY OF NEW JERSEY.

The Ninety-third Annual Meeting of the Medical Society of New Jersey will be held on the fourth Tuesday of January, (25th,) at Trenton, at 7 o'clock, P. M.

Delegates will be careful to be provided with their credentials.

W. PIERSON, Rec. Sec'y.

## Medical News.

### MARRIAGES.

TUTT—LEAMING.—On Tuesday evening, January 4th, by the Rev. Wm. B. Stevens, D. D., Dr. Charles Pendleton Tutt, to Rebecca, daughter of J. Fisher Leaming, Esq.

### OBITUARY.

**DEATH OF DR. BRIGHT.**—Dr. Richard Bright, of London, the writer and learned physician, died on the 16th of December, in the seventieth year of his age. Dr. Bright was born in Bristol, in the year 1789, and continued in practice until a few days before his death. His name is familiar to every one, from its having been given to a form of renal disease. His principal works and writings are, "Elements of the Practice of Medicine," "Reports of Medical Cases, selected with a view of illustrating the symptoms and cure of diseases by a reference to morbid anatomy," "Diseases of the Brain and Nervous System," and "Cases and Observations Illustrative of Renal Disease accompanied with Aluminous Urine." He was physician extraordinary to the Queen, and a Fellow of the Royal Society.



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THOMAS D. MURRAY,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

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